

UNITED STATES BANKRUPTCY COURT District of District of Idaho (Boise)		PROOF OF CLAIM Chapter (please check the appropriate box)	THIS SPACE IS FOR COURT USE ONLY
Instructions: Complete this form and mail to: US Bankruptcy Court 550 West Fort MSC 042 Computerized Case Info (208) 334-9386 Boise, ID 83724		7[] 11[] 12[] 13[] Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on chapter 12 and 13 cases	
In re (Name of Debtor) Sawtooth Enterprises Inc		Case Number: 96-03050 - ach	
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property) Unisource PO Box 3991 Seattle WA 98124 <i>Unisource Worldwide</i> <i>PO Box 9100</i> <i>Renton WA 98057</i>		NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 713230 BUCKIN' BAGEL		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated : _____	
1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal injury/ wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 USC Sec 1114(a) <input type="checkbox"/> Wages, salaries, and compensation: Social Security #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)			
2. DATE DEBT WAS INCURRED 8/12/96 THROUGH 11/30/96		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: a. Secured. b. Unsecured nonpriority. c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES below that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly): _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions up to \$4000*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier—11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6) <input type="checkbox"/> or support owed to a spouse, former spouse, or child—11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ Alimony, maintenance.	
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: \$ 5237.98 (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$5237.98 (Total) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
7. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests to original and each copy. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE: 4/8/97			THIS SPACE FOR COURT USE ONLY <div style="font-size: 2em; text-align: center;">#47</div>
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Bobbi Whisler, CCE Telephone No: 206/204-7528			

PENALTY for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

BOBBY WHISLER, CCE
Division Credit Manager